

Montana Long Term Care Study Commission

ad hoc Committee

January, 2007

We support Senate Bill 226, introduced by Senator Lynda Moss which offers an amendment to the Montana Older Americans Act and is based on the Manitoba public policy of Achieving Accountability.

The Montana Older Americans Act sets out the duties and responsibilities of the Senior and Long Term Care Division of the Department of Public Health and Human Services, but does not offer a model for developing a plan to coordinate and provide cost effective quality services identified in this Act.

The enclosed synopsis of the Manitoba long term senior health care policy mandates a process for achieving accountability and provides an excellent model for the proposed amendment. It will also be useful in the development of Administrative Rules to give effect to the requirements of the Montana Older Americans Act.

It is was our impression the Manitoba public policy of achieving accountability has resulted in a partnership between the Provincial Officials and the providers. This policy has fostered a wide range of innovative cost effective quality in home care programs, which are achieved through the establishment of goals and expectations, a continuing cycle of evaluation and making appropriate corrections with feedback to the providers. Senate bill 226 offers Montana an opportunity to adopt the Manitoba process which has a proven track record.

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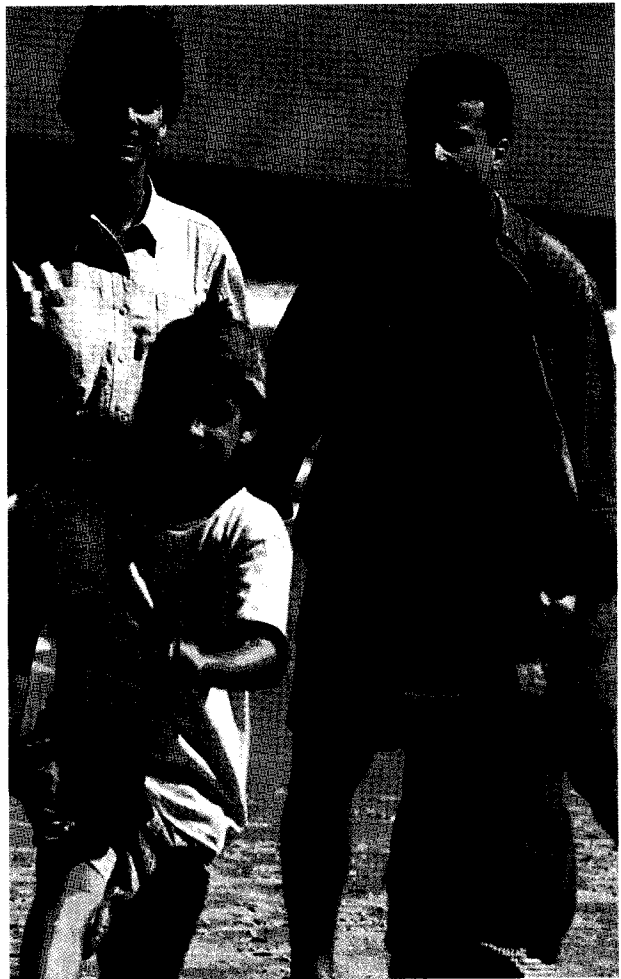
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Promoting Compassionate Care for the Elderly



Achieving Accountability

Manitoba
Health



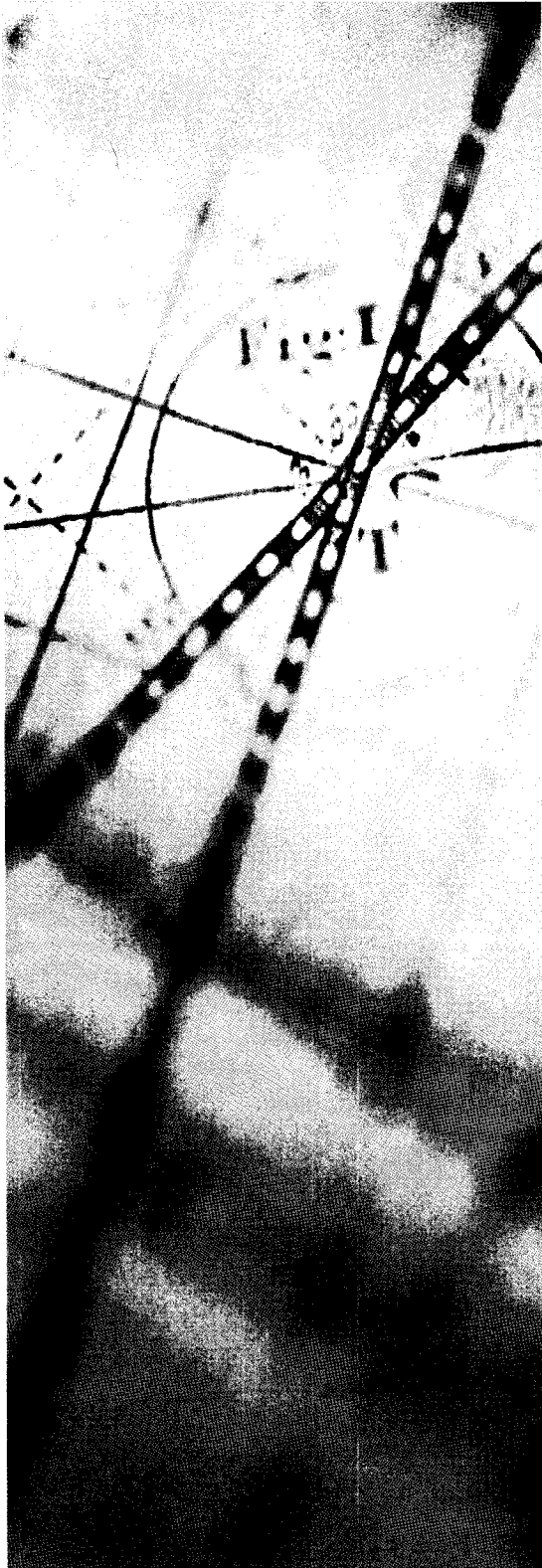


Table of Contents

Introductionpage 3

Section I

What is Accountability?..... page 3

Section II

What is the Accountability Process? ...page 4

Section III

How does Accountability Work? Page 5

Section IV

Summary page 8

Achieving Accountability

Introduction

The decision to regionalize the operation and administration of health in Manitoba is a major change in the way that health care is planned and delivered. The Regional Health Authorities (RHAs) are responsible within the context of broad provincial policy direction, for assessing and prioritizing needs and health goals, and developing and managing an integrated approach to their own health care system.¹

Improvement in the overall quality of Manitoba's health care system requires a new focus on accountability. Responsibilities need to be clearly assigned, expectations set, and performance of the system reported on and monitored.

The Regional Health Authorities Act legislation came into force in 1997. It was amended in June of 1997 by the Regional Health Authorities Amendment Act. It sets out the conditions under which the RHAs are incorporated, as well as defining duties and responsibilities of the RHAs and the Minister of Health. Although both parties are responsible for policy, assessment of health status and ensuring effective health planning and delivery, the focus of these responsibilities are different.

The purpose of this discussion document is to define accountability relationships within Manitoba's health care system. The primary relationship is between the Minister of Health

and the RHAs. Other relationships that flow from this primary relationship, although identified in this document, are not fully outlined.

I What is Accountability?

The Manitoba Government is committed to results-oriented, open, accountable government. The people of Manitoba have the right to know what health services are being delivered and what results are being achieved. This is known as accountability. The following definition of accountability is used extensively in health care literature.

Accountability is the obligation to answer for a responsibility that has been conferred.

To be accountable implies a formal relationship and...it also implies a prior act of delegation direct from one party to another.² For an accountability framework, it is important to focus on formal lines of authority, areas where responsibilities have been developed, expectations are clear, reporting is required and performance is evaluated

¹ Manitoba Health. *A Planning Framework to Promote, Preserve and Protect the Health of Manitobans*, 1996.

² Timothy W. Plumptre. *Beyond the Bottom Line Management in Government*, Institute for Research on Public Policy, Halifax, Nova Scotia. 1988.

II What is the Accountability Process?

Figure 1 illustrates a conceptual model depicting the key elements in an accountability relationship. Together these elements form a "wheel" providing for a continuous feedback loop of accountability.

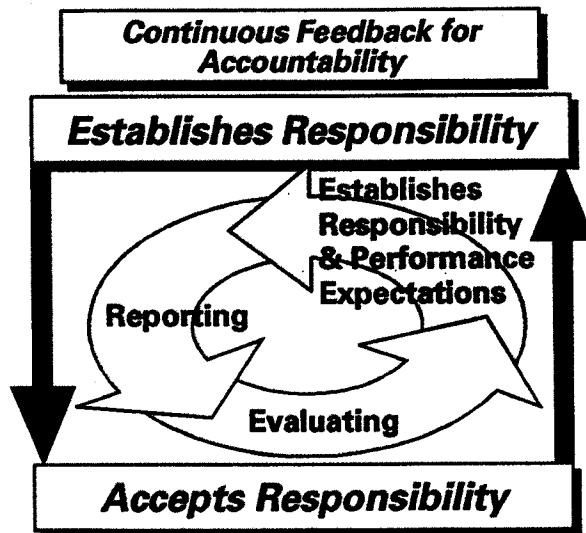


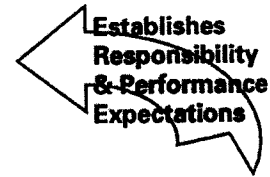
Figure 1

Several important elements underlie effective accountability relationships:

- roles and responsibilities are understood;
- performance expectations are explicit;
- resources are provided, including spending authority for same;
- review and feedback are carried out, and, follow-up actions, including rewards and sanctions, can be used to improve future performance.

Establishing Responsibilities/Expectations

In any accountability relationship, the process will usually begin by establishing the responsibilities and expectations of the relationship.



Reporting

This phase involves some method of measuring outcomes, performance or progress toward meeting the defined responsibilities and expectations.



Evaluating

This phase involves analyzing the information and performance reports received during the reporting phase and making decisions based on that information.



III How Does Accountability Work

The purpose of this section is to outline the accountability relationships in Manitoba's health care system and, more specifically, between the Minister of Health and the RHAs. Figure 2 outlines the flow of accountability and relationships.

Legislative Assembly

The Regional Health Authority Act passed by the *Legislative Assembly* authorizes the delegation of responsibility and defines the limits, under which actions can be taken or services provided. All other procedures that delegate powers and responsibilities to RHAs (such as provincial policy and/or guidelines) operate within limits of this legislation. Ensuring accountability and effective management in government departments such as Manitoba Health is the function of the office of the independent Provincial Auditor who reports to the Legislative Assembly.

Cabinet

Cabinet confers on the *Minister of Health* the final accountability and overall responsibility for the health care system. The Minister is accountable to Cabinet while also being accountable to the people of Manitoba through the Legislative Assembly. Through election of Members of the legislative Assembly (MLAs) the public has access to the Legislature and lawmaking.

The Minister is responsible for planning and implementing strategic direction and provincial policy, prescribing health services that must be provided or made available, developing standards, monitoring and evaluating, and funding the provincial health care system.

The Minister has responsibility and authority to establish the expectations related to the Minister's delegation of responsibility and authority to the RHAs, and to ensure that those expectations are effectively communicated to all RHAs.

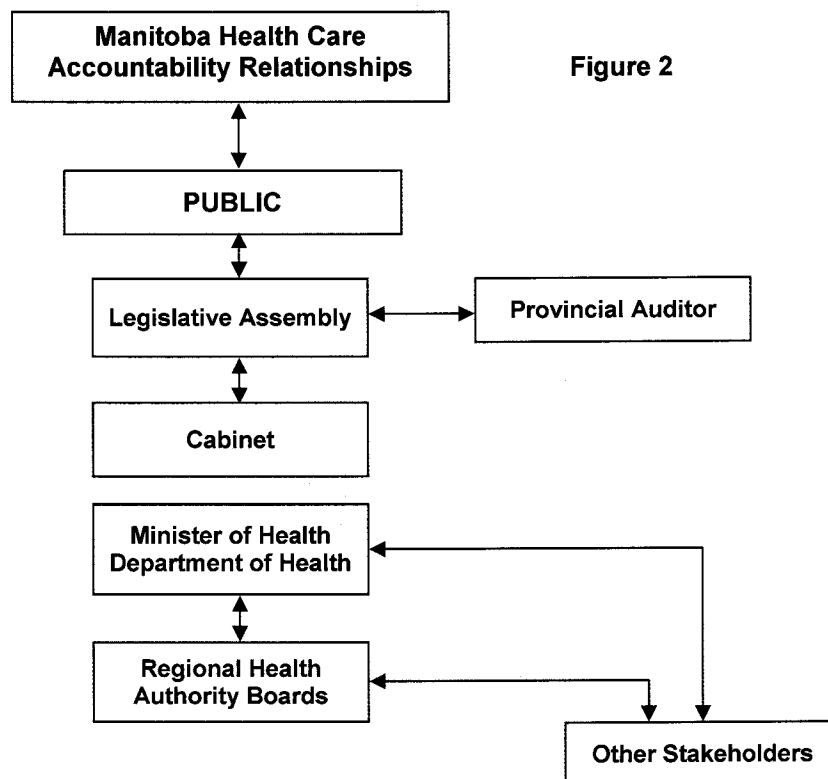


Figure 2

Different methods are used by the Minister to identify responsibilities and expectations of the RHAs, such as legislation, regulations, ministerial directions, policy and guidelines. The Minister also provides the necessary information and support that the RHAs need to meet the Minister's expectations.

Manitoba Health exists to act as an agent of the Minister to assist the Minister in performing the responsibilities conferred on him by the Legislature and to support the Minister in all his duties.

Regional Health Authorities

Regional Health Authorities have been given the legislated responsibility and authority to plan, manage, deliver, monitor and evaluate health services within their regions. They will have input into the development of provincial policy and planning direction, as well as into standards development. They are responsible for implementing and establishing a sustainable, integrated system of health services.

RHAs have an obligation to be aware of and carry out all expectations and responsibilities

that have been established, seek clarification: if they are unclear, and recommend changes where they feel necessary.

As the relationship between the Minister and the RHAs evolves, it will be necessary to jointly review the responsibilities and expectations on an ongoing basis to ensure that they are increasingly focused on outcomes.

The joint development process will be carried out through forums such as the RHA Council of Chairs, which advises to the Minister and has an ongoing dialogue with the Minister regarding RHA board issues.

Other Stakeholders

Other stakeholders in health including the many non-governmental organizations, foundations, charitable groups, providers, consumers, volunteers and individuals who are recognized for the essential contributions they make to the effective functioning of the health care system and the resulting health of Manitobans. They are not discussed in this document due to its specific focus on public-sector accountability.

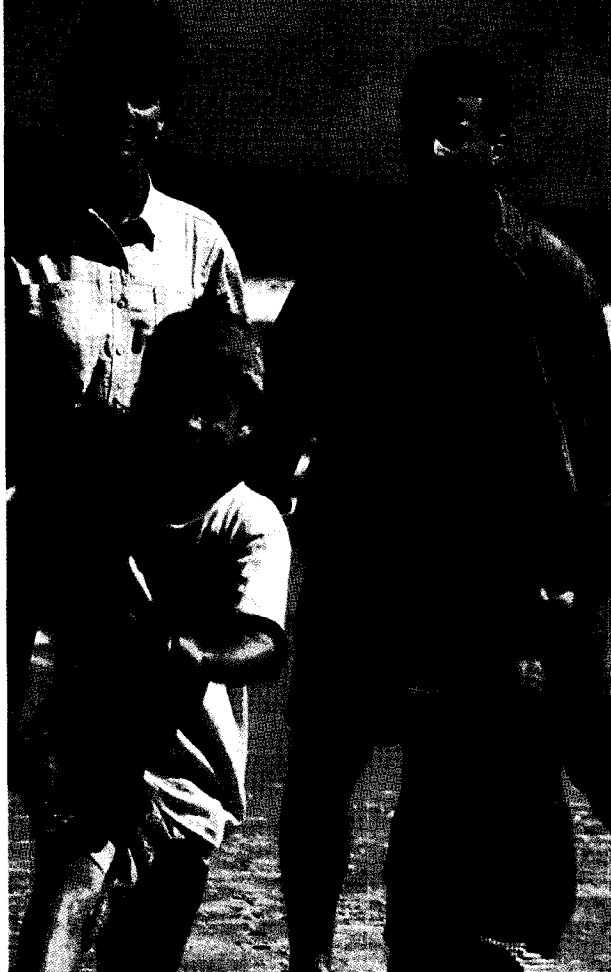


The following chart is adapted from *A Planning Framework to Promote, Preserve and Protect the Health of Manitobans* (Manitoba Health, 1996). It illustrates some of the responsibilities of the Minister and the RHAs.

	Health Minister Responsibility	RHA Responsibility
Policy guides actions, sets broad strategies	<ul style="list-style-type: none"> • Develops provincial strategies • Facilitates co-ordination of strategies across regions 	<ul style="list-style-type: none"> • Develops regional strategies • Participates in development of strategies across regions
Assessment determines & prioritizes needs, identifies resources	<ul style="list-style-type: none"> • Assesses provincial health status & health needs • Determines provincial priorities • Establishes standards for community health assessment 	<ul style="list-style-type: none"> • Assesses regional health status & health needs • Determines regional priorities • Carries out community needs assessment
Assurance ensures management and delivery of services, includes monitoring & evaluation	<ul style="list-style-type: none"> • Ensures needed legislation • Determines core services • Establishes and monitors standards • Ensures accountability for public spending • Approves health plan • Leads, participates in research initiatives & communications finds 	<ul style="list-style-type: none"> • Manages organization & delivery of services • Develops & submits health plan • Monitors services in terms of standards • Monitors effectiveness of action in terms of impact on health • Initiates practice-based research & participates in provincial research

IV Summary

This document provides a review of the evolving accountability relationship between the Minister of Health and RHA Boards. It explains the accountability framework, using the three key elements of the accountability "wheel" or "loop", establishing responsibilities and expectations, measurement and review.



As Manitoba's health system evolves toward a system based on outcomes and wellness, the accountability relationships within that system will continue to evolve. Specifically, accountability will move from its past focus on finances. It will be increasingly measured in terms of outcomes, health of the population and the overall benefits resulting from resources invested. This change will ensure that good value is received for the time, money and other resources invested in those programs and services.